

# INTERIM/CHANGE REPORT FORM

NAME \_\_\_\_\_ SOCIAL SECURITY # XXX – XX- \_\_\_\_\_ (LAST 4 ONLY)

ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

CITY, ST & ZIP \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

PARISH \_\_\_\_\_

**I. CHANGE IN FAMILY COMPOSITION: - List only names of individuals who have moved out or you are requesting be added to your household**

Name of Household Members	Relationship To Head of Household	Sex	Race	Date of Birth	Social Security Number	Date member Moved out of Unit (if applicable)
1.				/ /		/ /
2.				/ /		/ /
3.				/ /		/ /

**II. CHANGE IN INCOME SOURCES: - (Complete all sections that apply to your household – include all income received in the last 30 days. If you no longer receive an income, write “No longer receive” next to the appropriate box)**

Include income received by or for all household members, including minors.	Name of Person Who Receives Income	Income Amount	Indicate How Often (Weekly, Bi-weekly, Monthly etc.)	
Welfare/TANF/Cash Aid				
Social Security Benefits				
Supplemental Security Insurance (SSI)				
Wages** Complete Employer contact field below				
Regular Contributions From Spouse, Relative, Friend (Money or Goods)				
Self-Employment				
Unemployment Compensation				
Child Support/Alimony			Case #	How often?
Pensions (VA, Military Allotment, Retirement, Survivors Insurance, Other)				

**Employer Contact Information**

Name of Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Employer Telephone \_\_\_\_\_ Employer Fax \_\_\_\_\_

## **Facts to Remember**

1. Changes must be reported within 10 days
2. Changes must be reported by the 15<sup>th</sup> of the month, to be reviewed for the following month
3. Supporting documentation must be submitted with this form. If you are reporting that:
  - **A reduction in work hours**; you must supply 3 current paystubs **or** letter from employer
  - **A loss of income**; you must supply the termination letter (letter stating you no longer receive income)
  - **A household member moved out**; you must supply a copy of your updated lease showing the individual no longer resides with you
  - **Requesting to add a minor**; you must supply Birth Certificate and SS card (children cannot be added without these documents)
  - **Additional Income**; Supply 3-6 current paystubs or benefit letter
4. **Continue to pay the same amount of rent.** Once a change is processed you and your landlord will be notified of the new rent amount, as well as the effective date of the change.

**If you require a reasonable accommodation in order to access the Project Based Voucher Program, please advise your case worker.**

I/We certify that the information given to Louisiana Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and or State Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

**Signature of Head of Household**

**Date**

**Signature of Spouse**

**Date**

**Other Family Member over age 18**

**Date**

**Other Family Member over age 18**

**Date**

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